FORM D HEST AVAILABLE GOPY **UNITED STATES**

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SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response . . . 1.00

SEC USE ONLY							
Prefix		Serial					
[DATE RECEIVE	D					

Name of Offering Mayer & Hoffman Low Be			nt and name has char	ged, and indicate	change.)	
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	☑ New Filing		Amendment			
4		A. B	ASIC IDENTIFICATION	N DATA		
Enter the information reque	sted about the is:	suer .				
Name of Issuer Mayer & Hoffman Low Be		if this is an ame	ndment and name has	changed, and in	dicate change.)	04048194
Address of Executive Office 230 Park Avenue, Suite 1	,		City, State, Zip Code)		elephone Number (Inc 212) 400-7870	luding Area Code)
Address of Principal Busine (if different from Executive			et, City, State, Zip Coo		elephone Number (Inc ame as above	luding Area Code)
Brief Description of Busines To invest with a group of investment vehicles whic	private investme				, separate accounts,	and other
Type of Business Organiza corporation business trust	tion		partnership, already for		□ other (please spec	PROCESSED
Actual or Estimated Date of	f Incorporation or	Organization:	Month/Year March 2004	гот .	Actual Esti	ΩΩ o o oos:
Jurisdiction of Incorporation	n or Organization:	`	etter U.S. Postal Servic da; FN for other foreig	e abbreviation for	State:	mDD 28 2004
GENERAL INSTRUCTIONS						FINANCIAL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filled with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the f	ollowing:			
 Each promoter of the issuer, if the i 	_			
 Each beneficial owner having the p of the issuer; 	ower to vote or dispose, or di	rect the vote or disposition of	, 10% or more of a	class of equity securities
 Each executive officer and director 	of corporate issuers and of co	orporate general and managi	ng partners of part	nership issuers; and
 Each general and managing partner 	er of partnership issuers.			
Check Box(es) that Apply: X Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) Mayer & Hoffman Capital Advisors GenPa	r, LLC (the "General Partne	r'')		
Business or Residence Address (Numb 230 Park Avenue, Suite 1544, New York, N	per and Street, City, State, Zip lew York 10169	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Mayer, Jr., Eldon C.				
Business or Residence Address (Numb 230 Park Avenue, Suite 1544, New York, N	per and Street, City, State, Zip lew York 10169	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Hoffman, Matthew				
Business or Residence Address (Numb 230 Park Avenue, Suite 1544, New York, N	per and Street, City, State, Zip lew York 10169	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Panzier, Ron				
Business or Residence Address (Numb 230 Park Avenue, Suite 1544, New York, N	per and Street, City, State, Zip lew York 10169) Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

A. BASIC IDENTIFICATION DATA

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Business or Residence Address

*				В,	INFORM	ATION A	BOUT OF	FERING				
1. H	las the issue	er sold, or c	does the iss	uer intend	to sell, to r	on-accredi	ted investo	rs in this off	ering?			
2. \	What is the m		vestment th	at will be a	ccepted fro	m any indi					\$1,	区 *000,000
3. [Does the offe											
6 2	Enter the info commission offering. If a and/or with a associated pe	or similar person to state or sersons of s	remunerati be listed i tates, list tl uch a broke	on for soli s an assoc he name d er or dealer	icitation of ciated pers of the broke	purchasers on or agen er or dealei	s in conne it of a brok r. If more	ction with er or deale than five (5	sales of s r registere s) persons	ecurities in d with the S to be listed	the SEC	
	Name (Last i applicable.	name first,	if individu	al)								
	ess or Resi	dence Ado	dress (Nun	nber and S	Street, City	State, Zip	Code)					
			`			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
Nam	e of Associa	ted Broke	r or Dealer									
State	s in Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit Pur	chasers					
	(Check "	'All States'	or check i	individual	States)							All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC] Name (Last)	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Busir	ness or Resi	dence Add	dress (Nun	nber and S	Street, City	, State, Zip	Code)					
Nam	e of Associa	ted Broke	r or Dealer			-						
State	s in Which i	Person Lis	ted Has So	olicited or	Intends to	Solicit Pur	chasers					
	(Check '	'All States'	or check	individual	States)							I All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full 1	Name (Last	name first,	, if individu	al)	•						•	
Busin	ann ar Pani	idanaa Ad	draga (Num	abar and C	Stroot City	State 7in	· Codo)					
DUSII	ness or Resi	dence Ad	uress (Nun	nber and s	street, City	, State, Zip	Code)					
Nam	e of Associa	ited Broke	r or Dealer	ı								
State	s in Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit Pur	chasers					
			" or check									All States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$ <u>0</u>	\$	<u>0</u>
	Equity:	\$ <u>o</u>	\$	<u>0</u>
	□ Common □ Preferred		•	
	Convertible Securities (including warrants): Partnership Interests	<u>0</u> 1,000,000,000(a)		<u>9,325,000</u>
	Other (Specify)	0		<u>5,525,555</u> 0
	Total	1,000,000,000(a)	\$	<u>9,325,000</u>
	Answer also in Appendix, Column 4, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	<u>13</u>	\$	<u>9,325,000</u>
	Non-accredited Investors	<u>o</u>	\$	<u>o</u>
	Total (for filings under Rule 504 only)	N/A	\$	<u>N/A</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering	Type of		Dollar Amount
	Type of offering	Security		Sold
	Rule 505	N/A	\$	<u>0</u>
	Regulation A	<u>N/A</u>	\$	<u>0</u>
	Rule 504 Total	<u>N/A</u> N/A	\$	<u>0</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•	<u>.</u>
	Transfer Agent's Fees	\boxtimes	\$	<u>0</u>
	Printing and Engraving Costs	X	\$	<u>2,500</u>
	Legal Fees	X X	\$	<u>35,000</u>
	Accounting Fees		4	<u>7,500</u>
	Engineering FeesSales Commissions (specify finders' fees separately)	⊠ ⊠	\$	<u>0</u>
	Other Expenses (identify Filing Fees)	\boxtimes	\$	<u>5,000</u>
	Total	X	\$	50.000

⁽a) Open-ended fund; estimated maximum aggregate offering amount

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSE	S AND L	JSE OF F	ROCE	EDS	5	The first part of the second
4.	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."						\$	999,950,000
5.	Indicate below the amount of the adjusted gross profer each of the purposes below. If the amount for a check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response	any purpose is not known, furnish I of the payments listed must equa	an estima	ate and				
		·		Paymer Office Directo Affilia	rs, rs, &			Payments to Others
	Salaries and fees		X	\$	<u>o</u>	X	\$	<u>0</u>
	Purchase of real estate		X	\$	<u>0</u>	X	\$	<u>0</u>
	Purchase, rental or leasing and installation of m	achinery and equipment	X	\$	<u>0</u>	X	\$	<u>0</u>
	Construction or leasing of plant buildings and fa	cilities	X	\$	<u>o</u>	X	\$	<u>0</u>
	Acquisition of other businesses (including the va offering that may be used in exchange for the as issuer pursuant to a merger)	ssets or securities of another	X	\$	<u>o</u>	X	\$	<u>0</u>
	Repayment of indebtedness	X	\$	<u>0</u>	X	\$	<u>0</u>	
	Working capital		X	\$	<u>0</u>	X	\$	<u>0</u>
	Other (specify): Portfolio Investments		X	\$	<u>0</u>	\boxtimes	\$	999,950,000
	Column Totals		X	\$	<u>0</u>	X	\$	999,950,000
	Total Payments Listed (column totals added)	X		999,950,0		000		
		D. FEDERAL SIGNATURE	A					
foll	e issuer has duly caused this notice to be signed by owing signature constitutes an undertaking by the uest of its staff, the information furnished by the issu	issuer to furnish to the U.S. Se	ecurities a	nd Exchai	nge Co	mmis	sio	n, upon written
	uer (Print or Type) yer & Hoffman Low Beta Fund, LP	Signature Ron Pany		Date	10/z	0/0	4	
	me (Print or Type) n Panzier	Title of Signer (Print or Type) Managing Member of the Ger	neral Par	tner				

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)